MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#63-044938 STATE FILE NUMBER

DO NOT WRITE	E				R R	Registration District No. 258 STATE FILE NUMBER Registration District No. 30.53 Registrar's No. 258	
ON THIS STUB		AMENDED 3					11 E D 11 E C 4 1963
	1 1	_ 1	I.		\$	1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a COUNTY admission)
VS 300 Rev. 4/59		巓	ŢΪ	H	3	I _	Phelps Missouri Maries
Rev. 4/39		밁	Ŋ	9	3		b. CITY (If outside carporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR Inside Limits
		ž	Y	搪	ř	ŀ	TÖWN Rolla D. 10 O. 1. A. TÖWN Vichy Yes 🗗 No 🗆
0817		▼	N	17	4		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR ADDRESS
20630	1	DATE AMENDED	- ,	1	*	ŀ	INSTITUTION DOA Phelps Co., Memorial T. No General Delivery
-		ᅴ	7	\dashv	_		3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
		Į			18		(Type or print) WILLIAM LEVI MEDFORD DEATH November 30, 1963
4 0		ļ			4 9	I –	5 SEY A COLOR OR PACE 7 Married T Never Married T 8 DATE OF RIPTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
	-				3 6	1	S. SEA
5 /				k	તું કે	1	Male White Widowed Divorced 12-7-44 66 67 Months Days House Min. Ob. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6	ုပ္င	ı	- [76	"	during most of working life_even if retired)
	8			-	3,	پ ا	Doctor of Chiropractic. Ponti Texas USA 3a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE
7 /	FOLLOW	ı		-	16] "	
8 🐟	꾠	l		.	٠ ۾	-	Mansel Medford Not available Julia Medford 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 11 SOCIAL SECURITY NO. 177. INFORMANT Address
<u>رح</u>	AS	ŀ	2	- }	3.5		Yes an or unknown till yes give wer or dates of servi
94201	L L	ľ	2		١ لا.		Yes W.W. No. 1 Mrs. Julia Medford, Vichy, Missour
10	¥		1		QE		ALLES ALLE DE LA CONTRACTOR DE LA CONTRA
	- <u>Q</u>	ᄔ			CUME		IMMEDIATE CAUSE (a) Coronary Occlusion Sustant
11	RECORD	Ö	7	d			\ \frac{1}{2}
1200 0	- E	INSTEAD	N	৩	8		Conditions, if any, } DUE TO (b)
144-8	₽	5	1	- 1		l	which gave rise to above cause (a),
13 /~1)	⊨	튁	\dashv	\dashv	\dashv		stating the under- lying cause last. DUE TO (c)
t	8				1	Z O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was famale will
	1 1	- 1	- [¥	disease condition given in PART I (a) there a pregnancy in last 90 day The state of the state
	Z	1	. [.		FIC	Mad allack while suring in Cao
	AMENDMENTS	<u>^ </u>		-	• •	Ē	PERFORMED?
	H				L	ت	YES NO NO
Z	ş	-		٦ļ	- N	Ş	20c. TIME OF Houl Month, Day, Year INJURY a.m.
IBBO		İ	I	- 1		MED	p,m,
I INK RIBBON		٠.	4		$\cdot \cdot \}$		20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bidg., etc.)
¥	-	ᆡ	Ή		- }		NOT WHILE AT WORK
A S E		READ		-			21. 1 attended the deceased from, toand last saw her him elive on
		~	7	N	1.8		Death occurred at
USE PEW		ᇙ	~	9		1	22a. SIGNATURE 22c. DATE SIGNATURE 22c. DATE SIGNATURE 22c. DATE SIGNATURE
		SHOULD	$\overline{}$		Ō		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
i-		S		╛	_ \\ \		36. BURIAL, CREMATION, 23b. DATE 23C. NAME OF CEMETERY/OR CREMATORY 23d. LOCATION (City, town, or county) (State)
		o l	T	Ţ	FFIDA	23	JA. BURIAL, CREMATION, 235. DATE PENOVAL (Specify)
		EM NO.	00	٦	AFFI		Burial Dec. 3, 1968 Rolla Cemetery Rolla, Missouri. ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURED (26. REGISTRAR'S SIGNATURE)
		ĕ	٦]	-	24	" "Null' & Son Funeral Home. Rolla of a lora of the first and
		-		- [Θ	I _	By Sail E. Mill Web 2, 1763 Jaam J. Wille

or by	cody contry man the body whose finite is	recorded on the reverse side of this certificate was embalmed by me,
working un	nder my personal supervision.	Signed Signed E. null
Student	Signature of Student Embalmer	Signed Signed
-		Licensed Embalmer No. 4498 P. O. Address Rolla, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above: